

REQUISITION AND INVOICE/SHIPPING DOCUMENT

Form Approved
OMB No. 0704-0246
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The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

| | | | | |
|-----------------------------|---|---------------|---------------------|---------------------------------------|
| 1. FROM: (Include ZIP Code) | SHEET NO. | NO. OF SHEETS | 5. REQUISITION DATE | 6. REQUISITION NUMBER |
| | 7. DATE MATERIAL REQUIRED (YYYYMMDD) | | | 8. PRIORITY |
| 2. TO: (Include ZIP Code) | 9. AUTHORITY OR PURPOSE | | | |
| | 10. SIGNATURE | | | 11a. VOUCHER NUMBER & DATE (YYYYMMDD) |
| 3. SHIP TO - MARK FOR | 12. DATE SHIPPED (YYYYMMDD) | | | b. |
| | 13. MODE OF SHIPMENT | | | 14. BILL OF LADING NUMBER |
| | 15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO. | | | |

| 4. APPROPRIATIONS DATA | | | | | | | | AMOUNT |
|------------------------|--|--|--|--|--|--|--|--------|
| | | | | | | | | |

| ITEM NO. | FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES | UNIT OF ISSUE | QUANTITY REQUESTED | SUPPLY ACTION | TYPE CONTAINER | CONTAINER NOS. | UNIT PRICE | TOTAL COST |
|----------|---|---------------|--------------------|---------------|----------------|----------------|------------|------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
| | | | | | | | | |

| | | | | | | | | | | | |
|---|------------|------------------|----------------|-------------|--------------|----------------------|--|-------------------------------------|-----------------|----|----------------------------|
| 16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO | | | | | | 17. SPECIAL HANDLING | | | | | |
| 18. R E C E I P T I O N | ISSUED BY | TOTAL CONTAINERS | TYPE CONTAINER | DESCRIPTION | TOTAL WEIGHT | TOTAL CUBE | 19. R E C E I P T | CONTAINERS RECEIVED EXCEPT AS NOTED | DATE (YYYYMMDD) | BY | SHEET TOTAL |
| | CHECKED BY | | | | | | | QUANTITIES RECEIVED EXCEPT AS NOTED | DATE (YYYYMMDD) | BY | GRAND TOTAL |
| | PACKED BY | | | | | | | POSTED | DATE (YYYYMMDD) | BY | 20. RECEIVER'S VOUCHER NO. |
| | TOTAL | | | | | | | | | | |